



Notice of Independent Review Decision

REVIEWER'S REPORT

Date notice sent to all parties: August 4, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet joint injection to left C5-6, C6-7 (64490, 64491)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ **Upheld** (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
723.1	64490		Prosp.						Upheld
723.1	64491		Prosp.						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Certification of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 06/20/12 and 07/06/12, including criteria used in the denial
4. Treating doctor's evaluation and follow-ups dated 11/28/11 through 06/13/12
5. Initial consultation dated 09/19/11
6. MRI scans of the cervical spine, 12/01/10 and 06/02/12
7. Initial evaluations, 04/04/12
8. Initial evaluation, 05/03/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx when this claimant was lifting a roll of chair bag onto a roller that was heavy and injured her spine. According to the new patient visit on 11/28/11, she had bilateral neck pain since the injury. According to that note, she also complained of bilateral arm pain and numbness in all of her fingers bilaterally as well as some intermittent thoracic pain. It was also noted that she did have previous neck pain primarily on the left but that the injury resulted in bilateral pain symptoms. Also summarized prior to the injury was that the claimant underwent physical therapy, chiropractic treatment, and facet injections, none of which helped significantly. X-rays and MRI scans as well as EMG study prior to the injury showed mild carpal tunnel syndrome as well as some cervical spondylosis. Since the injury, MRI scan has apparently shown some worsening of disc protrusions at C5/C6 and C6/C7 considered to be

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slightly worse on the right than the left with significant neural foraminal narrowing on both sides at these levels. Also summarized is a small disc protrusion at C4/C5 which was not present on prior imaging done prior to the injury. Considered unchanged when compared to imaging prior to injury are facet joint changes at C2/C3 as well as facet changes at the C5/C6 and C6/C7 levels. Also incidentally noted was a mass in the right thyroid gland.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Though her complaints may certainly be caused by cervical facet joint syndrome at the C5/C6 and C6/C7 levels, these levels appeared to have not significantly changed since the injury. Also summarized in the initial evaluation after the injury is that cervical facet joint injections attempted in the past did not offer any significant benefit. Therefore, there is no compelling evidence to indicate that there will be any different outcome with similar injections to be completed in the future as requested.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)